TERMS OF REFERENCES

Consultant to update Development of National Profile of Asbestos in Laos

# Background

Asbestos is one of the most known occupational carcinogens.Exposure to asbestos causes a range of cancers and other diseases, primarily through breathing in airborne asbestos fibres. According to WHO, global estimates (2014) are that more than 107,000[[1]](#footnote-1) people die each year from asbestos-related diseases, which include lung cancer, mesothelioma and asbestosis resulting from occupational exposures. WHO states that one in every three deaths from occupational cancer is estimated to be caused by asbestos. In addition, it is estimated that several thousands of deaths can be attributed annually to exposure to asbestos in the living environment. The burden of asbestos-related diseases is still rising, even in countries that banned the use of asbestos in the early 1990s. Because of the long latency periods attached to the diseases in question, stopping the use of asbestos now will result in a decrease in the number of asbestos-related deaths in coming decades.

To date, more than 67 countries[[2]](#footnote-2), including all member states of the European Union have banned the use of all forms of asbestos, including chrysotile. Other countries have introduced restrictions or no longer use it. However, of growing concern to experts is that some countries have maintained or even increased their production or use of chrysotile asbestos in recent years. Increased usage has been most prominent in the Asia-Pacific region.

According to WHO, approximately 90% of chrysotile asbestos is used in asbestos cement building materials, the largest users of which are developing countries.[[3]](#footnote-3)

Laos continues to use chrysotile asbestos fibre products. Blue and brown asbestos are prohibited. The main use of asbestos in Laos is in construction, particularly for housing for the poor. In 2020, eight asbestos roof sheet manufacturers were identified as operating in five provinces, with multiple factories operating in Luang Prabang, Vientiane Province, Champasak and Vientiane Capital. The management of raw asbestos is often poor, including manual handling of the fibre and no safe storage or waste management, meaning very high risks of exposure to workers and communities within a 2 km radius of the factories. Workers and communities are the high risk groups of asbestos exposure. Although the previous project increased awareness amongst workers, communities, students, government officials, etc., there is still very low awareness of the health risks of asbestos products; there is a lack of awareness of the need for safe storage or of safe removal of old decaying asbestos, which is commonly broken up and reused for road maintenance, water storage tanks and animal pens.

Because of the long latency periods attached to the diseases in question, stopping the use of asbestos now will result in a decrease in the number of asbestos-related deaths only after a number of decades.

Union Aid Abroad – APHEDA started working on asbestos issue since 2011. The objective of the project is to reduce the occurrence of asbestos-related diseases (ARDs) in Lao PDR by eliminating the use of asbestos products. The project strategy has been to partner with the Lao government, especially with the Lao Federation of Trade Union (LFTU) to build their capacity to increase awareness of asbestos and for the elimination of asbestos related diseases in Lao PDR; Ministry of Industry and Commerce (MOIC) to develop regulations, a National Profile of Asbestos in Laos (NPAL); and Ministry of Health to develop a National Action Program on the Elimination of Asbestos-Related Diseases (NAPEARDs) for Lao PDR, using the models developed by the World Health Organisation (WHO) and International Labour Organisation (ILO) such an approach that include: *developing national profiles, awareness rais­ing, capacity building, an institutional framework and a national plan of action for the elimination of asbestos-related diseases.[[4]](#footnote-4)’*

During 2012-2017 the NPAL was developed by the Lao Government with support from APHEDA and showed that there were 16 factories producing asbestos-containing roof tile. The research showed that national consumption of asbestos fibre increased almost 240% in just 3 years between 2010 and 2013. Alarmingly, the 2017 asbestos profile revealed that in 2013 Lao PDR was the highest globally , in terms of asbestos consumption per person.

The National Strategy for the Elimination of Asbestos Related Diseases (NSEARD) for (2018-2030) and Five-Year National Action Plan for the Elimination of Asbestos Related Diseases (NAPEARD) for (2018-2022) was developed to define the implement direction toward eliminating asbestos related diseases which is one of the silent occupational disease among workers.

The NAPEARD was completed in 2022, there is a need to develop the second NAPEARD as a roadmap to eliminate asbestos related diseases in Laos. so the business sector can plan for transition according to the government policy on reducing the use of asbestos. Therefore, APHEDA is committed to continue support LFTU to develop the second NAPEARD through the 3-year project: “Occupational Safety and Health Awareness on Asbestos Hazard to move towards the elimination of ARDs in Lao PDR” from July 2023 – June 2026 which is under the process of developing the Memorandum of Agreement (MOA).

To be able to develop the roadmap to reduce the use of asbestos in Laos, it’s required to update data and information for the National Profile of Asbestos in Laos (NPAL). APHEDA will support LFTU to update the NPAL which includes the trend of import and use of asbestos fibre and asbestos containing materials (ACM); current regulations on the use of different forms of asbestos; those workers at high risk of exposure; estimated total number of workers exposed to asbestos in the country; and other relevant and necessary information.

APHEDA Lao is seeking a consultant to undertake research, working closely with APHEDA and partners in updating NPAL report and coordinating with partners. This will be in two phases.

**Phase I: (August 31 2023)**

1. Review existing NPAL and relevant other country NAPs to identified the sections of the report that need to be updated and improved.
2. Developed plan and process to update the NPAL.
3. Collect relevant data for relevant chapters from key organisations and Ministries or online as available in collaboration with APHEDA and LFTU.
4. Develop zero draft updated NPAL Laos 2023 showing both new data and areas needed for further data collection

**Phase II: (March 31 2024)**

1. Facilitated a workshop to present the zero draft NPAL 2023 and remaining data collection plan .
2. Support follow up of concerned Ministries and organisations in close collaboration with APHEDA and LFTU to fill information and data gaps from zero draft .
3. Compile data into a final draft of Laos NPAL 2023
4. Facilitate 2nd workshop to launch the 2nd NPAL.

**Timeline:**

**Phase I: 20 days (Jul.-Aug. 2023)**

**Phase II: 10 days (Sep.-March 2024)**

1. [Elimination of asbestos-related diseases (who.int)](https://www.who.int/publications/i/item/WHO-FWC-PHE-EPE-14.01) [↑](#footnote-ref-1)
2. [Asbestos and the law](https://en.wikipedia.org/wiki/Asbestos_and_the_law) [↑](#footnote-ref-2)
3. [Elimination of asbestos-related diseases (who.int)](https://www.who.int/publications/i/item/WHO-FWC-PHE-EPE-14.01) [↑](#footnote-ref-3)
4. <https://www.who.int/publications/i/item/9789241564816> [↑](#footnote-ref-4)